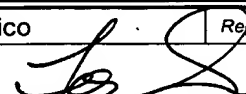


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PTO/SB/05 (03-01)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
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UTILITY PATENT APPLICATION TRANSMITTAL		Attorney Docket No. M4065.0454/P454	
(Only for new nonprovisional applications under 37 CFR 1.53(b))		First Inventor	Jerome Eldridge
		Title	INTERNAL HYDROGEN SOURCES FOR, etc.
		Express Mail Label No.	
APPLICATION ELEMENTS		ADDRESS TO: Box Patent Application Commissioner for Patents Washington, DC 20231	
See MPEP chapter 600 concerning utility patent application contents.			
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing)	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)		
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)		
3. <input checked="" type="checkbox"/> Specification [Total Pages 72]	a. <input type="checkbox"/> Computer Readable Form (CRF)		
(preferred arrangement set forth below)	b. Specification Sequence Listing on:		
- Descriptive title of the invention	i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or	ii. <input type="checkbox"/> paper	
- Cross Reference to Related Applications	c. <input type="checkbox"/> Statements verifying identity of above copies		
- Statement Regarding Fed sponsored R & D			
- Reference to sequence listing, a table, or a computer program listing appendix			
- Background of the Invention			
- Brief Summary of the Invention			
- Brief Description of the Drawings (if filed)			
- Detailed Description			
- Claim(s)			
- Abstract of the Disclosure			
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 44]			
5. Oath or Declaration [Total Pages]			
a. <input checked="" type="checkbox"/> Newly executed (original or copy)			
b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed)			
i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).			
6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76			
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: _____ Prior application information: Examiner _____ Group / Art Unit: _____ For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.			
19. CORRESPONDENCE ADDRESS			
<input type="checkbox"/> Customer Number or Bar Code Label		or <input checked="" type="checkbox"/> Correspondence address below	
Name	DICKSTEIN SHAPIRO MORIN & OSHINSKY LLP Thomas J. D'Amico		
Address	2101 L Street NW		
City	Washington	State	DC
Country	US	Zip Code	20037-1526
	Telephone	(202) 785-9700	Fax (202) 887-0689
Name (Print/Type)	Thomas J. D'Amico	Registration No. (Attorney/Agent)	28,371
Signature		Date	August 15, 2001

1059 U.S. PTO
08/15/01

PTO/SB/17 (11-00)

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<h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">for FY 2001</h3> <p style="font-size: small; margin: 5px 0;">Patent fees are subject to annual revision.</p>				Complete if Known			
TOTAL AMOUNT OF PAYMENT (\$) 4,884.00				Application Number: Not Yet Assigned Filing Date: _____ First Named Inventor: Jerome Eldridge Examiner Name: Not Yet Assigned Group Art Unit: N/A Attorney Docket No.: M4065.0454/P454			

METHOD OF PAYMENT 1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to: <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> Deposit Account Number: 04-1073 Deposit Account Name: _____ </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 </div> 2. <input checked="" type="checkbox"/> Payment Enclosed <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other </div>	FEE CALCULATION (continued) 3. 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SUBMITTED BY		Complete (if applicable)	
Name (print/type)	Thomas J. D'Amico	Registration No. (Attorney/Agent)	28,371
Signature		Telephone	(202) 828-2232
		Date	August 15, 2001